

UNITED STATES PATENT AND TRADEMARK OFFICE

March 7, 2005

In re application of : Edward J. Domanico
Serial No. : 10/799,350
Filed : 03/12/2004
For : **FLUORESCENT LAMP DISPOSAL SYSTEM**
Art Unit : 3725
Our File No. : 9417.6823

CERTIFICATE OF MAILING

I hereby certify that this correspondence, and any attachments thereto, is being deposited with the United States Postal Service, as First Class mail, with sufficient postage, in an envelope addressed to: Mail Stop Petitions, Commissioner For Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

BETTY BERNAL

Name of Person Mailing
Paper

Betty Bernal

Signature

03/07/2005

Date

PETITION TO MAKE SPECIAL

Mail Stop Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

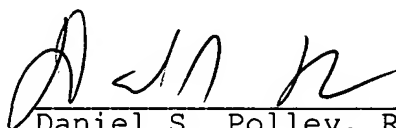
Dear Sir:

Applicant hereby requests that the above-identified application be made special based on the state of health of the Applicant, as documented in the enclosed letter from Applicant's doctor (Exhibit "A"). Accordingly, in view applicant's health as evidenced by the attached Exhibit, Applicant specifically requests that this Petition be granted by Patent Office and Applicant's application placed in line for accelerated examination.

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If there are any additional charges, including extension of
time, please bill our Deposit Account No. 503180.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'D S Polley', is written over a horizontal line.

Daniel S. Polley, Reg. No. 34,902

DANIEL S. POLLEY, P.A.
1215 East Broward Boulevard
Fort Lauderdale, FL 33301
Ph: 954-234-2417
Fax: 954-234-2506

CUSTOMER NO. 44538

EXHIBIT 13
Wampan M.D.
05-4 473 1300

PRACTICE NAME

LOG TO TRACK DISCLOSURES OF PHI

PATIENT NAME Edward Domarico

For each patient, you are required to keep a log of all disclosures of PHI for non-TPO reasons that you did not receive a signed authorization from the patient. For each disclosure, fill in the date it occurred along with a description of the type of disclosure. In addition, you need to provide a description of the PHI disclosed along with the names and titles to whom it was disclosed.

[illegible]

Note: The practice must retain related documentation and tracking log for each patient for six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

BEST AVAILABLE COPY

Yusoof Hamuth, M. D., P.A. Internal Medicine - Cardiology

Faxed
1-25-05
J

JANUARY 24, 2004

TO WHOM IT MAY CONCERN:

RE: EDWARD DOMANICO

DOB: 11/12/1952

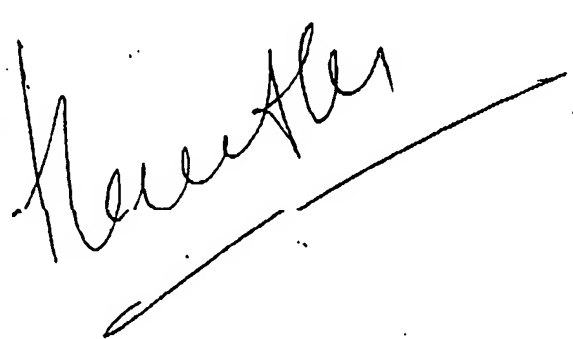
SS#: 125-42-4329

THIS PATIENT HAS BEEN UNDER OUR CARE FOR THE LAST 3 YEARS. HE HAS SEVERE CORONARY ARTERY DISEASE AND HAS HAD TWO HEART ANGIOGRAMS (PTCA). HE ALSO HAS CHEST PAIN FREQUENTLY AND IS ON MULTIPLE MEDICATIONS. THIS PATIENT IS TO BE CONSIDERED HIGH RISK FOR CARDIAC COMPLICATIONS AND HAS A DECREASED LIFE EXPECTANCY.

PLEASE CALL THE OFFICE IF YOU HAVE ANY QUESTIONS.

SINCERELY,

YUSOOF HAMUTH, MD
954-473-1300



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201 N. W. 82nd Avenue

Telephone:

954-473-1300

Jan. 25 2005 11:34AM P2

FAX NO. : 9544734595

FROM : Y HAMUTH MD PA